



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ORTHOTEXAS PHYSICIANS AND SURGEONS
4780 NORTH JOSEY LANE
CARROLLTON TX 75010

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-12-1629-01

MFDR Date Received

JANUARY 17, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On date of service 7/6/11, the office visit was denied as the documentation submitted does not support the level of service billed. I have once again attached the office notes as it is our belief that we have met the 2 of 3 components that is required for this level of service."

Amount in Dispute: \$194.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor initially submitted code 99215 for an E&M episode of 7/6/11. Because the documentation of the episode did not meet the CPT requirements of the code Texas Mutual declined to issue payment. This denial was issued 8/3/11. The requestor stated it changed the code to 99213. Texas Mutual has no record of receiving a bill with code 99213 for the disputed date from the requestor. No payment is due."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 6, 2011	CPT Code 99215	\$194.44	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputes service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits

- CAC-150-Payer deems the information submitted does not support this level of service.
- CAC-16-Claim/service lacks information which is needed for adjudication. At least one remark code must be provided (may be comprised of either the remittance advice remark code of NCPDP reject reason code.)
- 225-The submitted documentation does not support the service being billed. We will re-evaluate this upon receipt of clarifying information.
- 890-Denied per AMA CPT code description for level of service and/or nature of presenting problems.
- CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 891-No additional payment after reconsideration.

Issues

1. Does the submitted documentation support billed service for CPT code 99215? Is the requestor entitled to reimbursement?

Findings

1. According to the explanation of benefits, the respondent initially denied reimbursement for CPT code 99215 based upon reason codes "CAC-150, CAC-16, 225, and 890."

28 Texas Administrative Code §134.203(a)(5), states "Medicare payment policies' when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

CPT code 99215 is defined as "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family."

The requestor states "I have once again attached the office notes as it is our belief that we have met the 2 of 3 components that is required for this level of service."

A review of the submitted report finds that the requestor did not meet the documentation requirements for billing CPT code 99215, specifically a comprehensive history and a comprehensive examination. Therefore, the respondent's denial based upon reason codes "CAC-150, CAC-16, 225, and 890" are supported. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

8/23/2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.